


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90059 011 \*\*\*\*61.25

<b>DOCUMENT # C930000000002</b> 1. Entity Name CHRISTIAN CHURCH SEBRING, FLORIDA, INCORPORATED	
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Principal Place of Business 510 POINSETTIA AVENUE SEBRING, FL 33870	Mailing Address 510 POINSETTIA AVENUE SEBRING, FL 33870
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  ROBERTS, JUANITA PO BOX 312 2817 RODEO DRIVE LORIDA, FL 33857		7. Name and Address of New Registered Agent Name Rev. Ronald D. Norton Street Address (P.O. Box Number is Not Acceptable) 2909 Manor Drive City Sebring FL Zip Code 33872	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rev. Ronald D. Norton DATE 5-6-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHOTEN, MARCIA 1719 PROSPECT STREET SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ASMUSSEN, RICHARD 2849 ROGER STREET SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLEY, ANNA 2416 HAMPTON ROAD AVON PARK, FL 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOPPENHORST, ERWIN 1952 SAWGRASS TRAIL SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMPSON, BETTY 3919 LOQUAT ROAD SEBRING, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOPPENHORST, MARILYN 1952 SAWGRASS TRAIL SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINGERMAN, ELIZABETH 1515 GRAMARCY AVENUE SEBRING, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Rhoten DATE 5-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR